Retention in HIV Care at Public Treatment Sites in Jamaica

AUTHORS	Lewis, S[1], Khan-Francis, R[1], Skyers, N[1], Whitehead, A[1], Brissett, S[1], Williams, A[1]
AFFILIATION	[1] HIV/STI/TB Unit, Ministry of Health and Wellness, Kingston, Jamaica

KEYWORDS	HIV, retention in care, Jamaica, loss to follow-up

OBJECTIVE

Characterise retention in HIV care at public treatment sites and identify associated factors.

METHODS

This retrospective analysis used Jamaica's Treatment Site Information System. Of 40,272 identified records, 12,542 were eligible. More than 90 days without a clinic visit was classified as loss to follow-up. The analysis used descriptive statistics and logistic regression.

RESULTS

Overall, 10,466 patients (83%) remained in care and 2,076 (17%) were lost to follow-up. Retention was higher among women (84% vs 82%, $p = 0.003$) and lower among adults aged 20–44 than those aged 50 or older ($p < 0.001$). Odds of retention were associated with care outside the home parish (OR 0.7), marriage (OR 2.0), text reminders (OR 20.1), initial CD4 below 200 (OR 1.9) and undetectable viral load (OR 5.4), all with $p < 0.001$.

CONCLUSION

The authors identified younger adults, men and people receiving care outside their parish as priorities for retention efforts. They proposed strengthening text reminders and improving service access.